A. BUILDING _____________________________
B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER
SNUG HARBOR ON NELSON BAY

STREET ADDRESS, CITY, STATE, ZIP CODE
272 HIGHWAY 70
SEALEVEL, NC  28577

F 000 INITIAL COMMENTS
The facility was found to be in compliance with the Medicare / Medicaid LTC regulations 42 CFR part 483 subpart B during the recertification and complaint survey of 6/11/15. Event ID # 1WYT11. Intake NC00103757

Laboratory Director's or Provider/Supplier Representative's Signature

Electronically Signed
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.